

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 144 Primary Registration District No. 1002 Registrar's No. 5168

63-036028
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

Frank Ellis

BY AFFIDAVIT OF

FILED OCT 7 1963

| | | | |
|---|---|--|----------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | c. CITY OR TOWN Kansas City | |
| Length of stay in 1b 56yrs | | Inside Limits <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hosp. & Med. Center | | d. STREET ADDRESS (If outside, give location). 5125 Swope Parkway | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Sue Middle Goff Last Bush | | 4. DATE OF DEATH: Month 9 Day 20 Year 1963 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 1/7/1877 |
| 9. AGE (last birthday) 86 | | IF UNDER 1 YEAR: Months 9 Days 20 Min. 1963 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) Gibson City, Ill. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME George Goff | | 13b. MOTHER'S MAIDEN NAME Elizabeth Hamilton | |
| 14. NAME OF HUSBAND OR WIFE | | Address Alice Miner, 5125 Swope Parkway | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 17. INFORMANT Alice Miner, 5125 Swope Parkway | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism & Fractured Hip | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) | |
| DUE TO (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | | |
| 21. I attended the deceased from 9-3-63 to 9-20-63 and last saw her alive on 9-20-63 | | Death occurred at 5:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE [Signature] (Degree or title) | | 22b. ADDRESS 2400 Cherry | |
| 22c. DATE SIGNED 9-21-63 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/23/1963 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood | |
| 23d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | | |
| 24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo | | 25. DATE RECD. BY LOCAL REG. 9-23-63 | |
| 26. REGISTRAR'S SIGNATURE Bessie Smith | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert J. Beeler

Licensed Embalmer No. 5227

P. O. Address Prairie Village, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.